

Appeal Type: Cosmetic/Reconstructive	Appeal Category: Scar Revision
Case Number: 0100026	Appeal Decision: Upheld
Case Summary: Patient received a severe laceration in a skiing accident which resulted in a 9.5cm scar on his face. Patient later had plastic surgery to reduce magnitude of the scar. Health Plan denied claim as cosmetic. Patient viewed surgery as reconstructive.	Reason for Decision: External review agency determined that the surgery was indeed cosmetic since there is no bodily function being hindered by this scar. Therefore, the surgery is not medically necessary for this patient.

Appeal Type: Cosmetic/Reconstructive	Appeal Category: Abdominoplasty
Case Number: 0100028	Appeal Decision: Upheld
Case Summary: Patient had gastric bypass surgery and lost a significant amount of weight. Request is for panniculectomy (removal of excess skin following weight loss) for torso area.	Reason for Decision: External review agency determined that this procedure is not medically necessary as there are no adverse medical conditions resulting from this excess skin, therefore, the procedure would be cosmetic.

Appeal Type: Cosmetic/Reconstructive	Appeal Category: Breast Implants
Case Number: 0100031	Appeal Decision: Upheld
Case Summary: Patient had hypoplastic right breast due to a congenital defect. Request for coverage of an implant for the right breast so that it will match the left (normal) breast.	Reason for Decision: External review agency determined that this procedure is not medically necessary because no bodily function is hindered by the insured's condition, therefore, the procedure would be cosmetic.

Appeal Type: Cosmetic/Reconstructive	Appeal Category: Abdominoplasty
Case Number: 0100035	Appeal Decision: Overturned
Case Summary: Patient had significant weight loss and had a large amount of excess skin in the abdominal area that was the most likely cause of his back pain. Request is for coverage of panniculectomy.	Reason for Decision: External review agency determined that this procedure was medically necessary in order to ease patient's back pain and allow for easier exercising to lose more weight and maintain weight loss.

Appeal Type: Cosmetic/Reconstructive	Appeal Category: Ear Reconstruction
Case Number: 0100041	Appeal Decision: Upheld
Case Summary: Patient accidentally tore her ear lobe and never sought medical care. Request coverage for procedure to repair torn ear lobe which has healed.	Reason for Decision: External review agency determined this procedure is not medically necessary as repair to the ear lobe would not restore a bodily function and is therefore purely cosmetic.

Appeal Type: Cosmetic/Reconstructive	Appeal Category: Breast Reduction (Female)
Case Number: 0100056	Appeal Decision: Upheld
Case Summary: Patient requesting breast reduction coverage to alleviate back pain and migraine headaches.	Reason for Decision: External review agency determined this procedure should not be covered because the insured's plan covers this benefit only if she were to have 600g removed from each breast. The patient's doctor stated that only 300-400g would be removed.

Appeal Type: Cosmetic/Reconstructive	Appeal Category: Breast Implants Removed
Case Number: 0100057	Appeal Decision: Upheld
Case Summary: Patient had a breast implant rupture. Request is for coverage for removal of ruptured implant, but not for new implants.	Reason for Decision: External review agency determined that this procedure was not medically necessary since the implant that ruptured was saline and not silicone and therefore, posed no medical risk to the patient.

Appeal Type: Cosmetic/Reconstructive	Appeal Category: Breast Reduction (Female)
Case Number: 0100058	Appeal Decision: Overturned
Case Summary: Patient requesting bilateral mammoplasty coverage despite the fact that only 300g would be removed from each breast and not the 400g needed for coverage.	Reason for Decision: External review agency determined that this procedure is medically necessary since the patient is a teenager with physiological and psychological pathologies. Taking into account the long-term harms and benefits, for this patient, this is medically necessary.

Appeal Type: Cosmetic/Reconstructive	Appeal Category: Rhinoplasty
Case Number: 0100059	Appeal Decision: Overturned
Case Summary: Patient had an incident that did damage to his nose and now has problems with snoring, congestion, and increased sensitivity to allergies not present before the incident. Requests coverage for Reconstructive Rhinoplasty.	Reason for Decision: External review agency determined the procedure should be covered since the complications are still due to the incident that required medical services and were covered in 1997.

Appeal Type: Cosmetic/Reconstructive	Appeal Category: Scar Revision
Case Number: 0100065	Appeal Decision: Upheld
Case Summary: Patient has a scar on face that has worsened with time. Patient requests coverage for surgery to repair the scar.	Reason for Decision: External review agency determined that the surgery done to the scar did not fix a medical problem and is cosmetic and therefore not a covered benefit.

Appeal Type: Cosmetic/Reconstructive	Appeal Category: Rhinoplasty
Case Number: 00100077	Appeal Decision: Upheld
Case Summary: Patient is a toddler with a nasal tip hemangioma. Request is for coverage to remove this, correct cartilage position, and resect excess skin.	Reason for Decision: External review agency determined that since the child's breathing was not affected by this hemangioma, then no bodily function is being hindered and therefore the procedure is cosmetic and not a covered benefit.

Appeal Type: Cosmetic/Reconstructive	Appeal Category: Laser Surgery
Case Number: 0100079	Appeal Decision: Upheld
Case Summary: Patient requests coverage for removal of port wine stain birthmarks by means of laser surgery.	Reason for Decision: External review agency determined that removal of the port wine stain birthmarks would not improve a bodily function and is therefore considered cosmetic and not a covered benefit.

Appeal Type: Cosmetic/Reconstructive	Appeal Category: Breast Reduction (Female)
Case Number: 0100088	Appeal Decision: Upheld
Case Summary: Patient requesting bilateral mammoplasty coverage. The doctor states that only 300-400g will be removed from each breast.	Reason for Decision: External review agency determined that since the health plan's requirement of 700g removed from each breast is not being met then this procedure is cosmetic and not a covered benefit.

Appeal Type: Cosmetic/Reconstructive	Appeal Category: Breast Implants
Case Number: 0100097	Appeal Decision: Upheld
Case Summary: Patient had mental illness that caused rapid weight loss. She has recovered and gained a proper amount of weight back but not breast size. Request coverage for breast implants since loss in size was due to mental illness.	Reason for Decision: External review agency determined that this procedure would simply be to improve the patient's appearance and is therefore cosmetic and not a covered benefit.

Appeal Type: Cosmetic/Reconstructive	Appeal Category: Breast Reduction (Female)
Case Number: 0100108	Appeal Decision: Upheld
Case Summary: Patient requests bilateral mammoplasty coverage with removal of 500-600g from each breast.	Reason for Decision: External review agency determined that since the required 600g per breast would not be removed and since there is no medically necessary reason for this reduction, then it is cosmetic and not a covered benefit.

Appeal Type: Cosmetic/Reconstructive	Appeal Category: Breast Implants
Case Number: 0100120	Appeal Decision: Upheld
Case Summary: Patient possibly has Poland's Syndrome causing her right breast to be significantly smaller than her left. Request coverage for implant for right breast and possible reduction for left.	Reason for Decision: External review agency determined there is no significant evidence to say the patient has Poland's Syndrome and the disparity in size is not affecting her physical health. Therefore, the procedure is cosmetic and not a covered benefit.

Appeal Type: Cosmetic/Reconstructive	Appeal Category: Septoplasty
Case Number: 0100122	Appeal Decision: Upheld
Case Summary: Patient having trouble with breathing due to deviated septum. Requesting coverage for septoplasty.	Reason for Decision: External review agency determined the health plan was correct in that the deviation was minor. They also state that the septoplasty may not even improve his condition and therefore surgery at this time is not medically necessary.

Appeal Type: Cosmetic/Reconstructive	Appeal Category: Port Wine Stain Removal
Case Number: 0100140	Appeal Decision: Upheld
Case Summary: Patient requests coverage for port wine stain removal.	Reason for Decision: External review agency determined that since no bodily function is being impaired now or could be impaired in the future due to the port wine stains, then removal would be cosmetic and therefore not a covered benefit.

Appeal Type: Cosmetic/Reconstructive	Appeal Category: Breast Reduction (Female)
Case Number: 0100144	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for bilateral breast reduction to alleviate physical complication: 350g per breast are to be removed.	Reason for Decision: External review agency determined this procedure is not medically necessary since the health plan's contract states that coverage is available if 700g per breast is removed. There was no convincing evidence in the medical records that this procedure is medically necessary.

Appeal Type: Cosmetic/Reconstructive	Appeal Category: Testicular Implants
Case Number: 0100147	Appeal Decision: Upheld
Case Summary: Patient has had silicone testicular implant for sometime. Requesting coverage for larger and safer saline implant.	Reason for Decision: External review agency determined this procedure is not medically necessary since the silicone implant has not ruptured. There is no documentation of intact implants being dangerous and therefore the procedure is cosmetic and not a covered benefit.

Appeal Type: Cosmetic/Reconstructive	Appeal Category: "Sunken Chest"
Case Number: 0100162	Appeal Decision: Upheld
Case Summary: Patient has pectus excavatum and asthma. Requesting coverage for pectus excavatum repair to improve breathing and avoid future complications.	Reason for Decision: External review agency determined that this condition is currently not affecting his activity and the asthma is easy controlled with medication. Future complications were not ruled out, but currently this procedure is not medically necessary and not a covered benefit due to the cosmetic nature.